

**Laboratory Security System Employee Access- Restricted Laboratory**  
**Massachusetts Department of Public Health**  
**William A. Hinton State Laboratory Institute**  
**305 South Street, Jamaica Plain, MA 02130**

Form completion instructions: 1. Complete for each restricted laboratory to which an employee will be granted access.  
2. Complete when access is terminated and when there are changes to employee's restricted laboratory access.

<b>Employee Information</b>			
Employee Name (print): <b>Dookhan, Annie</b>		Employee Room/Phone: / 983-	
LSS Training Date:		Date of Access Activation:	
Access Identification Card: Card no:          Fingerprint no:		Employee's Supervisor (print):	
<b>Restricted Laboratory Access Information</b>			
Access to Laboratory (check all that apply)	Restricted Laboratory Access Approval	Signature	Date
<input type="checkbox"/> 306/307, 308, 309/310, 313	Julianne Nassif		
<input type="checkbox"/> 404, 404A, 404B	Cheryl Gauthier		
<input type="checkbox"/> 463, 464, 414C	Glenn Krumholz		
<input type="checkbox"/> 713A, 713B, 713C, 713	Raimond Konomi		
<input type="checkbox"/> 712	Raimond Konomi		
<input type="checkbox"/> 712A, 712B	Raimond Konomi		
<input type="checkbox"/> 755	Paul Elvin		
<input type="checkbox"/> 813	Scott Hennigan		
<input type="checkbox"/> 760, 866, 869	Scott Hennigan		
<b>Access Level of Employee</b>			
<input checked="" type="checkbox"/> Level I (24 hours/day, 7 days/week)	Other access level (specified by Restricted Laboratory Supervisor):		
<b>Signature of Employee/Date:</b>		<b>Signature of Employee's Supervisor/Date:</b>	
<b>Responsible Official (signature):</b>		<b>LSS Manager (signature):</b>	
_____ Print name/date:		_____ Print name/date: KATHLEEN L. NAWN	
<b>Termination of Access Card Information</b>			
Date of Termination of Access:		LSS Manager Signature/Date:	